

Peter J. Cayan Library - Reserve Request Form

Today's Date: _____

Instructor (Please Print): _____

Department: _____

Course Number and Name: _____

Please allow 3 days for processing.

For which semester do you want these materials accessible to students? (**Choose only one**)

Fall _____ Spring _____ Summer _____

Loan period: 2 hours ___ 1 day ___ 2 days ___ 1 week ___ ****Instructor owned material please only select: 2 hours.**

1. Title: _____

Author: _____

2. Title: _____

Author: _____

3. Title: _____

Author: _____

4. Title: _____

Author: _____

Special Instructions: Return to Cayan Library

Questions? Please contact Kristie Clelsak at cieslkl@sunyit.edu or x7248 **OR** Allison Fiegl at fiegl@sunyit.edu.

****For Office Use Only**

Received by: _____

Processed by: _____

Date: _____